lame (print)  SHOK (Labling Address (include city	and zip code)	Op	Office (if applica	ble) ≥,	Nge	1434	andia 11	District (if applicable)
-Mail Address		<del></del>					ephone No.	
elect Appropriate Box(es)	E-CANDIDA:	וב ו־חויי			_			
_		_		POL PRT	r LIND	EXP AME	NDED [	ANNUAL FILING
Annual Fili Period: January	<b>ng - Due</b> . 1, 2003 – Dece	January mber 31, 200	<b>15, 2004</b> 3				12	FILE
Report #1 —	Due Augu							1º
cumbents in an Office with a cumbents in an Office with a	4-year term 16-year term	Period: Period:	Jan. 5, 2001 — . Dec. 20, 1998 –	Aug 26, 20 - Aug 26	004 2004		JAN	6 2005
others allot Advocacy Groups (Ba	AGs) only	Period: Period:	Jan. 1, 2004 – A Dec. 5, 2002 – A	ug. 26, 20	04		ne.	MUCHER
_				4Ug ∠0, ∠u	.U4	ĺ	SECRET	IN HELLER ARY OF STATE
Report #2 Du	.e — Uctol	<b>Per 26, 20</b> Period:	1 <b>04</b> Aug. 27, 2004 —	Oct. 21. 1	2004		FOR (	OFFICE USE ONLY
Report #3 Du	ю — Janua	iry 15. 20		- •		L_		
Gs only:		Period: Period:	Oct. 22, 2004	Dec. 31, 2	2064			
<u>-</u>	. <b>.</b> .		Oct. 22, 2004 - [	Jec. 5, 200	U4			
Annual Filing Period: Januar	v 1 2004. I	Denombre	24 2004					
hird Report suffices	for 2005 An	nual Filing	if candidate	also file	d Report I	Vos. 1 and	12	
								Cumulative
CONTRI	BUTIONS	SUMMA	RY					From Beginning of Report Period
						Th	is Period	#1 through End of This Reporting
1. Total Monetary Co	entributions Re	eceived in E	xcess of \$100				0	Period
2. Total Monetary Co	ntributions Re	eceived of \$	100 or Less				0	0
			This Perio	od í (	Cumulative Fr	tom		
					Seginning of Report Period			
				. [1	hrough End	of		
3. Total Amount of I	Monetary Cor	ntributions			eriod	<u>.</u> —		I
Received (Add Lines 1 and 2							10 -	10.
4. Total Value of In Ki	, nd Contributio	ns Receive	d in	لمرير	_	<del></del>	-6	1
Excess of \$100				B.	D			
			EXPENSES	SUMM	IARY			
5. Total Monetary Exp							D	A
<ol> <li>Total Monetary Exp</li> <li>Total Amount of Al</li> </ol>	enses Paid of	\$100 or Les	SS -:-				D'	8
(Add Lines 5 and 6)			aid				A	BY.
8. Total Value of In Kin of \$100	d Expenses in	Excess	,	2	0		<u>- v</u>	
			k	Z	<i>V</i>	<del></del>		
			AEEID:-	A TI				
are Under Pensity of	Derius, The	tha Fa	AFFIRM.					
are Under Penalty of I	erjury i nat	me Forego	oing is True and	d Correc	t.			
me A 1	ท	. •						

Joan	D.	MORROW
Name (print)		

Office (if applicable)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
	<u> </u>	, and	
	2		
<b>/</b> i	contribute		
110	contribute	<u>た</u>	
	,		
			<u></u>

This page may be copied or duplicated if additional space is needed.

Jan D. Morkow

Assembly

District (if applicable)

#### **Expense Categories**

		CATEGORIES	CODE
		Office expenses	A
		Expenses related to volunteers	В
		Expenses related to travel	С
N	`	Expenses related to advertising	D
D.A.		Expenses related to paid staff	E
	<	Expenses related to consultants	F
		Expenses related to polling	G
		Expenses related to special events	н
		** Goods and services provided in kind for which money would otherwise have been paid	I
	/	Other miscellaneous expenses	J
\		Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

page\_3\_of\_7\_

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

<u>, 3</u>

Joan D. MORKOW

Office (if applicable)

District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
	NA		
(			
	6		

This page may be copied or duplicated if additional space is needed.

EL201.doc

Rev: JUL-03

PAGE\_4\_0F\_7

### IN KIND CONTRIBUTIONS AND EXPENSES REPORT

# IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphemalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.



*\* ?* 

JOAN D. MORKEW

(if applicable)

District (if applicable

### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
	MM V.A	<u>.</u>		
	.,			)
	U			

This page may be copied or duplicated if additional space is needed.

PAGE\_ 6 OF 7

#3

Joan D. Morrow

Office (if applicable) CAPAIJAK

District (if applicable)

#### **IN KIND**

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	m	L.	
	p.A.		
·			
		<del>)</del>	
	E		

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

EL201.doc

Revised: Jan-04

PAGE\_\_\_\_\_\_OF\_\_\_\_\_\_